



IPAC Challenges in EMS: A Day In the Life

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Objectives

- Gain an understanding of the challenges a typical Paramedic faces during a normal shift
- How these challenges affect IPAC
- Identify Paramedic IPAC knowledge base
- What are the gaps?
- Potential solutions: How can you help?













Call Details

- 84 year old female
- Weak, dizzy, nausea, diarrhea x 3 days
- BP 84/68, HR 104 WR, Resp 20 BS 5.2, normal LOC, slow responses
- Enteric Outbreak
- Tx Plan, Oxygen, IV bolus, transport
- IPAC plan?
- Contact precautions, PPE, pt packaging





Challenge- Knowledge of Outbreak

- Did crew have knowledge of outbreak?
- How was information provided?
- Signs, dispatch, LTC staff, etc.
- Were additional precautions in place?
- Arrival at Hospital?



Challenge- In the Environment of Others

- LTC Homes, Hospitals, Doctors offices etc.
- Different facilities...Different procedures
- Is there consistency between facilities?
- What is the facility practice and how does it relate to EMS practice?
- Difficult to teach Paramedics each facility procedures. Must have our own!













Patient Details

- Unresponsive, obvious head/facial injury, open femur fracture
- Openly bleeding wounds, blood in airway
- BP 64/40, HR 148 WR, RR 36 SR, no breath sounds on left, JVD, tracheal shift
- Tx plan, suction, intubation, Needle
 Thoracostomy, IV, stabilize, transport ASAP
- A lot to do in a short time





IPAC Considerations

- Blood and body fluids, aseptic procedures
- PPE required?
- Environment in which call is completed
- Does necessity of treatment speed ever supersedes IPAC requirements?
- How big will the mess be?







Challenge- Cleaning and Disinfection



- Everything touched and/or used
- High touch surfaces
- Paramedics vsEnvironmental Services
- Supplies?
- Single use items
- Always another call























Cleaning and Disinfection Considerations

- Terminal clean
- Product used
- Contact time
- Cleaning vs Disinfection
- Clean to dirty areas
- Attention to detail



Cleaning and Disinfection Considerations

- Regular deep clean schedule
- Consider new technologies
- Crews out of service
- Consult the experts
- Audit for proficiency
- Process in place





Challenge- Time

- Trained that seconds save lives
- Pressure to complete life saving procedures
- Industry performance based on time
- Often another call waiting
- The vast majority of calls are not life vs. death
- Time a poor excuse on these calls





Challenge- Hand Hygiene

- What are the moments?
- What is the access to ABHR?
- What is the access to soap and water?
- Multiple patients on scene





Challenge- Space

- Small space
- Many people
- Lots to get done
- Not much time







Challenge- PPE



Before



After







Patient Details

- 31 yr old male possible seizure
- Stopped using 2 days prior, now DTs
- Vitals signs normal, notice track marks on arm, patient reports HIV positive
- Tx plan, oxygen and transport
- IPAC plan?
- Routine practice





Challenge- Environment and Auditing

Environment

- Unpredictable, uncomfortable
- Always different

Auditing

- How is this accomplished to ensure quality
- Disperse locations a challenge







Call Details

- 60 yr female unwell X 1 wk worsening past 2 days, now SOB
- Fever, cough, BP 144/92, HR 106 FR, Resp 28 SR
- Crackles R lower lobe
- Tx plan, oxygen and transport
- IPAC plan?
- Facial protection, droplet precautions (procedure or filtered oxygen mask)





Challenge- Offload Delay



- Precautions started must be maintained
- Can last for hours
- Not optimal
- Need hospital to expedite these cases





Challenge- Exposure Notification

- Patient has reportable disease
- Was EMS involved?
- Who notifies EMS?
- Who assesses Paramedic risk?
- Who makes recommendations for prophylaxis?
- Is there Occupational Health?





Challenge- Education

- Education varies, college to college, province to province
- EMT, PCP, ACP etc.
- IPAC teaching varies
- Risk assessment, PPE for health and safety
- Patient care vs Paramedic Protection
- Pre/In service education inconsistent





Challenge- Resources and Research

Resources

- No requirement for IPAC professional
- Result....very small part of duties
- IPAC responsibilities back seat to operations

Research

- Very little, none relating to patient risk
- Most related to knowledge and bugs on surfaces
- Most show knowledge gap



Anaphlaxis Scenario Testing PCP 3 LAB

<u>Dispatch Information</u>: Responding code 4 to a school for a 10 yr old pt c/o SOB. NO DECLARED OUTBREAKS!

Gloves
Allied services
Scene safety
C-spine
A Checked and cleared patent
B4 point ausc, 02 applied
C check radial/carotid gross bleed check, cleared c-spine

ABC's	SAMPLE	OPQRST
LOC- alert	S- itching, gen uritcaria, burns when he breaths, wheezing	0-
A- patent, lips and tongue swollen	A- peanuts, shell fish	P-
B- full, reg - wheezes - no signs of major distress	M- epi-pen, <u>ventolin</u>	Q-
C- full, reg - gross bleed shows generalized urticaria on chest, abdomen, back and neck - medic alert-allergy to peanuts and shell fish	P- anaphylaxis, asthma	R-
C-spine- cannot rule out	L- bologna sandwich, friend's granola bar	S-
	E – patient was eating lunch and his friend shared his granola bar with the patient	T-





Summary

Challenges Related to:

- Knowledge/Education
- Cleaning and Disinfection
- Resources
- Environment
- Time
- Space
- Communication





How Can You Help?

- Build relationships with EMS service
- IPAC professionals in EMS
- Health unit, hospital, LTC, health region etc.
- Discuss and resolve issue
- Form practice groups inclusive of EMS
- Invite EMS staff to CHICA chapter









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